100 mm

A5

1.0
1.1
1.25
1.4
1.6
2.0
2.2
1.8

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890

1.0 mm
1.5 mm
2.0 mm

DOCUMENT RESUME

ED 303 728 CG 021 427

AUTHOR Heath, Kathleen C.; Irvine, Donald W.
TITLE What Educators Need To Know about Child Abuse.
PUB DATE 10 Nov 88
NOTE 20p.; Paper presented at the Annual Meeting of the Mid-South Educational Research Association (Louisville, KY, November 8-11, 1988).
AVAILABLE FROM Donald W. Irvine, Behavioral Studies and Educational Technology Dept., I.L.B. 425, University of South Alabama, Mobile, AL 36688 (1 copy free).
PUB TYPE Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Child Neglect; *Children; Counseling; Family Problems; Prevention; *Sexual Abuse

ABSTRACT

The problem of child sexual abuse has gained an increasing amount of national attention in the past decade. Intra-familial sexual relations, incest, appears to be the predominant form of child sexual abuse. Seventy to 80 percent of sexual abuse occurs with affinity systems--families, relatives, friends, and neighbors. Child sexual abuse has been defined as "contacts or interactions between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or another individual." Researchers have concluded that psychological effects of sexual abuse are harmful to the child victim. Due to the seriousness of psychological symptoms which victims experience, the need for effective treatment has been recognized and a variety of treatment approaches have been developed recently. Behavioral techniques, family systems approach, group therapy for victims, and all treatment modalities such as individual, group, family, and support groups are noted in the literature. No matter how consistently and conscientiously a child is supervised and protected a child must increasingly contribute to his or her own safety by learning to recognize and to deal appropriately with persons and circumstances which may indicate danger. In the last few years, there has been impressive progress in recognizing, understanding, and preventing child sexual abuse. However, it is vital to the well-being of our society that educators and parents continue their efforts to eradicate this and all other forms of child abuse and neglect. (ABL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED303728

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned this document for processing to:

In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view.

# WHAT EDUCATORS NEED TO KNOW ABOUT CHILD SEXUAL ABUSE

Kathleen C. Heath
East Bay Counseling Center
Fairhope, Alabama

Donald W. Irvine
University of South Alabama
Mobile, Alabama

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

Paper presented at the 1988 Annual Meeting of the Mid-South Educational Research Association, November 10, 1988, in Louisville, Kentucky

**Scope of the Problem**

The problem of child sexual abuse has gained an increasing amount of national attention in the past decade, dramatically forcing the public to an awareness of the sexual violence which is being committed against children in the United States. We have begun to realize that children are at high risk for becoming victims of sexual abuse by the time they reach majority age.

Child sexual abuse is the fastest growing form of reported child abuse in our country (Finklehor, 1983). There are estimates that ten to fourteen percent of American families are affected on a yearly basis (Bander, Fein, & Bishop, 1982). The American Humane Society's Clearinghouse on Child Abuse estimates as many as 1,000,000 children are sexually abused each year in this country (MacFarlane, 1986). All but a small portion of these cases involve victimization of the child by a trusted family member. This form of child sexual abuse or intra-familial sexual relations is called *incest* and appears to be the predominant form of child sexual abuse. There is a consensus by experts that children are sexually abused by people who are close to them (MacFarlane, 1986). Seventy to eighty percent of sexual abuse occurs within affinity systems--families, relatives, friends and neighbors (Finklehor, 1979; Tsai & Wagner, 1978).

Both girls and boys are victims of child sexual abuse; however, girls outnumber boys as victims on a three-to-one ratio (Burgess, 1985). There is growing evidence of proportionally more underreporting of the sexual abuse of boys which has led some authors to conclude that boys may be sexually abused with as great a frequency as girls (Groth, 1978; O'Brien, 1980). The literature is consistent in relating that the majority of perpetrators are men (Herman & Hirschman, 1981; Lindholm & Wiley, 1983).

Reported incidents may vary from study to study due to such issues as definition of the problem, the group studied, and other variables. However, the common

RECEIVED
NOV 28 1988
VA

consensus among experts is that child sexual abuse is still underreported due to the very sensitive nature of the problem, as well as the veil of secrecy and the use of force or coercion which perpetrators utilize to exploit children sexually, especially within the family unit.

Finally, while media exposure of the 1980's and recent statistics on child sexual abuse might lead one to conclude that this is a recent problem, the sexual victimization of children is not a new phenomena, but rather an age old problem which was kept hidden in the closet by our society. Most researchers attribute the growing effect of the Women's Movement and resulting federal monies for research and treatment as the catalyst for bringing much needed national attention to the scope and severity of the problem (Burgess, 1985).

**What is Child Sexual Abuse?**

The National Center for Child Abuse and Neglect (NCCAN) defines child sexual abuse as "contacts or interactions between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or another individual (HEW,1980: vii) Since sexual abuse within the family unit is so prevalent, NCCAN further defines the perpetrator in intrafamily (incest) abuse as, "anyone who victimizes a child and is a parent figure or a 'significant other' in the child's intra-family" (HEW, 1980: vii).

This definition covers a wide range of sexual behaviors and interactions with a child to include: nudity, disrobing, genital exposure, observation of the child, kissing, fondling private parts, masturbation, fellatio, cunninglingus, digital penetration, penile penetration and the use of the child in pornographic materials (Sgroi, 1982). It should be noted that legal definitions of child sexual abuse vary from state to state. While definitions may vary on a state-to-state basis, all fifty states now require the reporting of child sexual abuse to the state designated agency for all professionals who come into contact with children.

RECEIVED
NOV 28 1988
M. C.
ALEXANDRIA, VA.

**Psychological Consequences/Effects of Child Sexual Abuse**

Although there is some variability in the effects of child sexual abuse described in the literature, the majority of researchers and clinicians have concurred that the

psychological effects of sexual abuse are harmful to the child victim (Meiselman, 1978, Finklehor 1979; MacFarlane, 1986).

Anxiety (Browning & Boatman, 1977; Tufts New England Medical Center [Tufts], 1984) and guilt (Boatman, Borkan & Schetky, 1981) are frequently mentioned responses to sexual victimization. Depression (Blumberg, 1981; Browning & Boatman, 1977; Sgroi, 1982), anger (Browning & Boatman, 1977; Simari & Baskin, 1982, Tufts, 1984) , and fear (Brassard et al, 1983; Tufts, 1984) are commonly cited affective responses, as well.

Behavioral manifestations are also associated with sexual trauma such as stealing (Weiss et al, 1955), tantrums (Adams-Tucker, 1981), hostile acting out behavior, to include sexual acting out (Adams-Tucker, 1982; Bess & Janssen, 1982); substance abuse (Herman & Hirschman, 1981; Vander May & Neff, 1982), self-abusive behaviors leading to suicide attempts (Burgess, 1985) and running away from home.

Long-term effects also noted in the literature are sexual dysfunction, decreased self-esteem, and relationship problems (Meiselman, 1978; Courtois & Watts, 1982).

Physical findings which are associated with child sexual abuse may include irritation of the penis, vagina or rectum, traumatic injuries to genitalia, and the presence of venereal disease in children (Macfarlane, 1986).

The effects of sexual abuse may also vary depending upon the developmental stage of the victim at the time that the abuse begins (Tufts, 1984; Burgess, 1985).

**Treatment of Child Sexual Abuse**

Due to the seriousness of psychological symptoms which victims experience, the need for effective treatment has been recognized and a variety of treatment approaches have been developed recently. Whether the child has been victimized by a stranger, a trusted friend or family member the issues to be dealt with in treatment are: (1) the damaged goods syndrome, (2) guilt, (3) fear, (4) depression, (5) low self-esteem, (6) repressed anger, (7) impaired ability to trust, (8) blurred role boundaries, (9) pseudomaturity coupled with failure to achieve developmental tasks,

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

RECEIVED
NOV 23 1985
C. M. C.
ALEXANDRIA, VA

and (10) self-mastery and control (Porter et al., 1982). The last five are felt to be more of an issue when the sexual abuse occurs within the family unit.

The treatment approaches appear to vary. Henry Giaretto (1971) established the first Child Sexual Abuse Treament Program (CSATP) in Santa Clara County, California, for the purpose of providing treatment for victims, perpetrators, and the mothers of incest victims. The program espouses a humanistic approach in working with these families. The goal is to resolve anger, hostility, fear, and shame and to get the family functioning again without incest. The self-help support groups of Parents United and Daughters and Sons United have grown out of this effort and are a nationally-recognized network to assist in sexual abuse problems/treatment.

The effectiveness of behavioral techniques has been demonstrated in a case study by Becker, Skinner & Abel (1982) in which "trauma syndrome" (weight loss, depressed affect, self-injurious behaviors, and phobic reactions) were reversed.

Herman and Hirschman (1977) advocated consciousness raising, "which brings female victims together, gives them a common identity and a sense of mutual support" (Vander Mey & Neff, 1982, p. 728). It is suggested that this approach makes sexual abuse a public concern and alleviates some of the guilt and shame felt by the victims.

Since most child sexual abuse occurs within the family unit, it is not surprising to find a family systems approach suggested in the literature. Brooks (1982) suggests that, "incestuous families are 'negatively enmeshed' and many families in which incest occurs are characterized by borderline-level of functioning in one or more of the parties involved" (p. 12). She believes the goals of family treatment need to be effective intervention to prevent the reccurence of incest and to foster an environment with a strong marital dyad where family roles are appropriate and members have a sense of power and control over their lives. Treatment focuses upon family/interpersonal transactions and corrective feedback.

Courtois and Watts (1982) discuss treatment of the adult victim who has experienced sexual abuse as a child within a family unit. They endorse the humanistic

approach of Giaretto as well as Meiselman's (1978) therapeutic goals which are: catharsis, reassurance, confronting issues of responsibility, complicity, guilt, and self-acceptance. Group therapy, guided imagery, self-help groups, the structured interview (courtois, 1979), and the divorce ritual (Watts, 1979) are also mentioned as effective treatment methods.

The attribution of responsibility for the sexual abuse/rape blame has also been suggested as an important variable to be explored in working with victims of sexual abuse, their families, as well as other community and professional groups who assist victims (Sagatun, 1982, 1984; Jackson, 1981, 1982, 1983, 1984; Heath & Donnan, 1987).

Finally, all of the treatment modalities such as individual, group, family, and support groups are noted in the literature as being utilized to assist in the treatment of child sexual abuse. Many theoretical orientations are represented which have been previously reviewed in this paper. Despite the theoretical orientation of the treatment program, it would appear that family therapy is only indicated when and if the parents in an incest case are willing to take full responsibility for the sexual abuse of the child (Giaretto, 1976; Sgroi, 1982; and Porter et al., 1982).

The literature consistently advocates group therapy for victims based upon their developmental stage (Porter, Blick & Sgroi, 1982; Beezley, 1977; Delson & Clark, 1981). Techniques utilized appear to be traditionally structured and unstructured play therapy, art therapy, role playing, and drama for younger children (Naitove, 1982; Stember, 1980). Puppet play and use of the anatomically-correct dolls may also be useful in the group process as well as in individual sessions.

Adolescents seen in the group modality may also benefit from the use of art therapy and role play, particularly in regard to the court process. They also have the verbal skills to benefit from and participate in traditional "talking therapies" which would be dependent upon the therapist's theoretical orientation. Most groups also provide a sex education module for the children appropriate to their developmental stage. There is also a prevention and self-protection/assertiveness training emphasis which can be

RECEIVED
NOV 28 1988
M. C.
ALEXANDRIA, VA.

handled in a number of ways. These prevention/education resources wil be further discussed in the next section.

**Prevention of Child Sexual Abuse**

The main purposes of this section of the paper are: (1) to present prevention goals and guidelines; (2) to describe approaches, programs, curricula, techniques, and materials for preventing abuse; and (3) to list specific materials that parents, children, and educators may utilize in facilitating prevention. Generally, the approaches described here fall mainly under the heading of education, or informing. However, some writers stress that relying on informing children, especially young children, may inappropriately take the focus away from their protection by their parents and others. Furman (1987) states: "Young children, in preschool and even during the early elementary school years, need consistent supervision by their parents, not only in strange surroundings, but in their familiar neighborhoods where most incidents of sexual abuse happen." She further points out the possibility that alerting young children about the danger of sexual abuse may alarm them. This raises the important point that informing children and preparing them to resist or avoid sexual abuse needs to be done in a way that causes little or no anxiety, and ideally gives them a feeling of enhanced safety, worth, and self-determination" (Furman, 1978).

No matter how competently and conscientiously a child is supervised and protected, the child must increasingly contribute to his or her own safety by learning to recognize and to deal appropriately with persons and circumstances which may indicate danger. The Parent's Handbook, published by the Oregon Governor's Office (1985) lists seven things that parents can do to protect their children from sexual abuse. Many of these same points could also be applied by educators in their prevention programs. These suggestions are as follows:

1. Tell your children that they have the right to control who touches their body.
2. Support your children's right to control who touches them. Don't force your child to be affectionate with anyone, including family members (such as "grandpa" and

RECEIVED
NOV 28 19
C. M. C.
ALEXANDRIA, VA.

"grandma") unless they want to. You will then be increasing the chance that your child will be able to NO to a sexual assault.

3. Let your children know that no one should touch their private parts (those covered by a swimming suit or underwear) without their permission.
4. Be an approachable parent. Be willing to answer questions like "Why does Aunt Lucy wear too much perfume?" or "Why does Uncle Joe always act so funny?"
5. Know where your children are, and whom they are with at all times.
6. Do not permit your child to wear T-shirts with their names on or other identification that will make it easy for a stranger to become familiar with them. Telephone numbers and identification can be attached in a shoe, if necessary.
7. Check out references of baby sitters.

Further related suggestions include teaching children not to accept money, a ride, or favors from a stranger, to walk away from a stranger who approaches them, to seek help using the telephone, and even to scream for help, if necessary (Oregon Governor's Office, 1985).

It is important to include under the topic of preventing sexual abuse the goal of preventing continued and sometimes escalating sexual abuse. Parents, teachers, and other human service professionals should be aware of the physical, emotional, and social signs or indicators of sexual abuse. The appropriate interpretation of these indicators is confounded by the fact that nearly all of them can be triggered by factors not related to any kind of abuse, e.g., marital discord, a divorce in the child's family or physical illness. Talking with the child in a caring and non-judgmental manner may reveal further information that makes sexual abuse appear likely or improbable. It is vital that a teacher not ask leading questions that may result in unfounded suspicion of sexual abuse. Reporting suspected sexual abuse, is, of course, mandatory, for legal and ethical reasons. If there is reasonable doubt, teachers and other adults should decide in favor of reporting.

One complicating factor in recognition of sexual abuse is fairly new on the scene: that of pornographic videotapes in the home. Children who view such tapes may use

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

sexual language or act out in ways which erroneously suggest that they have engaged in sexual activities atypical for their developmental level.

The mass media tend to oversexualize children through advertising such items as children's clothing, make-up, and jewelry. "Adult" programming and commercials could have similar effects. Finkelhor (1979) states that some families are oversexualized, and that children in such families are more subject to sexual abuse, even outside of the family. Children in families of this type have "inappropriate sexual models and an unusual kind of sexual socialization" (Finkelhorn, 1979, p. 28). Observations such as these should alert parents to the fact that pressures from children to select their own articles of clothing, jewelry, etc., may have significance beyond financial cost and immediate social approval. These observations also underscore the need for clear-cut lines between the generations in the family structure, and recognition of childhood as being qualitatively different from adulthood.

Extrafamilial sexual abuse may be perpetrated by persons who could be described as pedophiles. Groth's statement that "the most commonly used technique of luring children into...sexual activity is by capitalizing on the child's need for attention, approval, and human contact" (Groth, 1979, p. 142). This statement has sweeping implications regarding the importance of optimal child and family development in the prevention of sexual abuse.

A very perplexing problem for educator's in their efforts to prevent child sexual abuse is the fact that they may concentrate on strangers as perpetrators, when in reality, sexual abuse is much more commonly carried out by persons well known to the victim, especially family members. And yet, encouraging mistrust of family members is obviously undesirable and destructive to the child's development. It is essential that children learn to say "no" based on their own feelings that certain statements or touches or other actions by another person are inappropriate and make the child feel bad or confused. Such books as Red Flag, Green Flag People (Williams, 1980) help a child to distinguish between good touch and bad touch. A child with little experience

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

with "good touch" from parents may be lonely and particularly vulnerable to sexual abuse. Therefore, the positive ends of the scales of touching and intimacy are not only important for normal development, but may also help to prevent abuse. The development of autonomy in children helps to foster a healthy sense of body ownership and helps children to be more assertive and confident regarding the privacy of their bodies (Furman, 1987).

There are a number of approaches that educators can use in helping to prevent sexual abuse. In addition to being knowledgeable and willing to report suspected abuse, teachers sometimes have the opportunity to conduct training sessions with parents, as well as with children. It is often adviseable to have parents experience an abuse-prevention program intended for their children; this helps parents to understand the problem and supplement the school's efforts, and it reduces the likelihood of objections to the prevention program. In addition, some programs a school might sponsor could be aimed exclusively toward parents.

Comprehensive programs to prevent child sexual abuse often use a variety of activities and strategies for working with children and adolescents (Plummer). Videotapes and films can be of great assistance in working with both parents and children. For example, the film/videotape "Bubbylonian Encounter" deals with the dimension of good and bad touch (Kansas Committee for Prevention of Child Abuse, 1983). The book All Alone After School addresses safety concerns of "latchkey" kids (Stanke). Alice Doesn't Babysit Anymore, which is intended to be read to children by their parents, deals with preventing sexual abuse by babysitters.(McGovern). Coloring books (Williams, 1980), comic books (Marvel Comics Group), and other children's books (Stowell, 1980), puppets, teddy bears, and theatrical performances (Britton, 1985) as well as workbooks (Camp Fire Girls and Boys) are among the materials available to educators and parents. The Appendix lists numerous sources of materials available to educators and parents to assist them in the prevention of sexual abuse.

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

**Concluding Statements**

In the last few years, there has been impressive progress in recognizing, understanding and preventing child sexual abuse. However, it is vital to the well being of our society that educators and parents continue their efforts to eradicate this and all other forms of child abuse and neglect.

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

## REFERENCES

Adams-Tucker, C. (1982) Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139, 1252-1256.

Bander, K.W., Fein, E. & Bishop, G. (1982). Child sex abuse treatment: Some barriers to program operation. Child Abuse and Neglect, 6, 183-191.

Becker, J.V., Skinner, L.F. & Abel, G.G. (1982). Treatment of a four-year-old victim of incest. American Journal of Family Therapy, 10, 41-46.

Beezley, P. (1977). Sexual Mistreatment of Young Children: An intervention model. Paper presented at the conference of the National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, CO.

Bess, B.E. & Janssen, Y. (1982). Incest: A pilot study. Hillside Journal of Clinical Psychiatry, 4, 39-52.

Boatman, E., Borkan, E.L. & Schetky, D.H. (1983). Treatment of child victims of incest. Journal of Family Therapy, 9, 42-51.

Brassard, M.R.; Tyler, A & Kehle, T.J. (1983). Sexually abused children: Identification and suggestions for intervention. School Psychology Review, 12, 93-97.

Britton, P.O. & McGee, M. (1985). Preventing sexual abuse. New York: Planned Parenthood of America, Inc.

Brooks, B. (1982). Familial influences on father-daughter incest. Journal of psychiatric treatment and evaluation, 4, 117-124.

Browning, D.H. & Boatman, B. (1977). Incest: children at risk. American Journal of Psychiatry, 134, 69-72.

Burgess, A. (1985). Sexual victimization of adolescents. National Center for the Prevention and Control of Rape (NCPCR) U.S. Department of Heatlh and Human Services, National Institute of Mental Health, Rockville, MD. (DHHS Publication No. ADM 85-1382).

Campfire Girls and Boys. I'm safe and sure. Trenton, NJ.

RECEIVED
NOV 28 1989
C. M. C.
ALEXANDRIA, VA.

Courtois, C. (1979). Characteristics of a volunteer sample of adult women who experienced incest in childhood and adolescence. Unpublished dissertation, University of Maryland.

Courtois, C.A. & Watts, D.L. (1982). Counseling adult women who experienced incest in childhood and adolescence. Personnel and Guidance Journal, 60, 275-279.

Delson, N. & Clark, M. (1981). Group therapy with sexually molested children, Child Welfare, 60, 175-182.Health, Education and Welfare, Department of Office of Bess,

Finklehor, D. (1979). Sexually victimized children. New York: Free Press.

Finklehor, D. (1983). Removing the child--prosecuting the offender in cases of child sexual abuse, Child Abuse and Neglect, 7, 195-205.

Furman, E. (1987). More protection, fewer directions. Young Children, 42, 5-7.

Giaretto, H. (1976). Humanistic treatment of father-daughter incest. Child abuse and neglect: The family and the community. Edited by Ray E. Helfer and C. Henry Kempe, Cambridge, Mass: Balinger Publishing Co.

Groth, A.N. (1978) Patterns of sexual assault against children and adolescents. In A. Burgess, A.N. Groth, L. Holstrom & S. Sgroi (Eds.) Sexual Assault of Children and Adolescents. Lexington, MA: Lexington Books.

Groth, N. and Birnbaum, H.J. (1979). Men who rape: the psychology of the offender. New York: Plenum.

Jackson, T. & Resick, P. (1981). Attitudes toward rape among mental health professionals, American Journal of Community Psychology, 9, 481-490.

Jackson, T. & Fischer, S.M. (1982). Attribution of incest blame among mental health professionals. Paper presented at the meeting of the Midwestern Psychological Association, Minneapolis, MN.

Jackson, T. & Ferguson, W. (1983). Attribution of blame in incest. American Journal of Community Psychology, 11, 313-322.

RECEIVED
NOV 28 1
C. M. C.
ALEXANDRIA, VA.

Jackson, T. & Sandberg, G. (1984). Attribution of incest blame among rural attmorneys and judges. Women and Therapy, in press.

Heath, K.C. & Donnan, H. (1987). Attributions for blame and responsibility for incest among a group of female victims. Paper presented to the Southeastern Psychological Association, New Orleans. Based on Heath, K.C. (1978) unpublished doctoral dissertation (Auburn University).

Health, Education and Welfare, Department of Office of Human Development Services (1980). John A. Calhoun, Commissioner. Grant Announcement Bulletin, Washington, D.C.; Administration for Children, Youth and Families.

Herman, J. & Hirschman, L. (1981). Families at risk for father-daughter incest, American Journal of Psychiatry, 138, 967-970.

Herman, J. & Hirshman, L. (1977). Father-daughter incest. Signs: Journal of women in culture and society, 14, 735-756.

Kansas Committee for Prevention of Child Abuse (1983). A bubbylonian encounter. Topeka, KS.

Lindholm, K. & Wiley, R. (1983) Child abuse and ethnicity: Patterns of similarities and differences (Occasional paper No. 18). Los Angeles UCLA Spanish Speaking Mental Health Research Center.

MacFarlane, K. (1986) Sexual abuse of young children. New York: Guilford Press.

Marvel Comics Group (1984). Spiderman and power pack. New York. (with National Association For Prevention of Child Abuse, Chicago).

McGovern, K. & C. (1985) Alice doesn't babysit anymore. Portland, OR: McGovern and Mulbacher Books.

Meiselman, K.C. (1978). Incest: A psychological study of causes and effects with treatment recommendations. San Francisco: Jossey-Bass.

Naitove, C.E. (1982). Arts therapy with sexually abused children. In S.M. Sgroi (Ed.) Handbook of clinical intervention in child sexual abuse. LExington, MA: Lexington Books.

RECEIVED
NOV 28 19
C. M. C.
ALEXANDRIA, VA.

O'Brien (1980). Child abuse: A crying shame. Provo, UT. Brigham Young University Press.

Oregon Governor's Office (1987). The parent's handbook: understanding child sexual abuse. Salem Oregon.

Plummer, C. (1983). Preventing sexual abuse. Mt. Dora, FL: Kidsrights.

Porter, F.S., Blick, L.C. & Sgroi, S.M. (1982). Treatment of the sexually abused child. In S.M. Sgroi (Ed.), Handbook of clinical intervention in child sexual abuse. Lexington, MA: Lexington Books.

Sagaten, I.Z. (1982). Attributional effects of therapy with incestuous families. Journal of Marriage and Family Therapy, 8, 99-104.

Sagaten, I.Z. (1984). Post-traumatic stress and attribution among incest families. Journal of Sociology and Social Work, 11, 853-875.

Sgroi, J.M. (1982). A conceptual framework for child sexual abuse: In S.M. Sgroi (Ed.) Handbook of clinical intervention in child sexual abuse. Lexington, MA: Lexington Books.

Simari, C.G. & Baskin, D. (1982). Incestuous experiences within homosexual populations: A preliminary study. Archives of Sexual Behavior, 11, 329-344.

Stanek, M. All alone after school. Mt. Dora, FL: Kidsrights.

Stember, C.J. (1980). Art therapy: A new use in the diagnosis and treatment of sexually abused children. In K. MacFarlane, B.M. Jones & L.L. Jonstrom (Eds.) Sexual abuse of children: Selected readings (DHHS Publication No. OHDS 78-30161). Washington, D.C.: U.S. Government Printing Office.

Stowell, J., and Dietzel, M. (1980). My very own book about me. Spokane, WA: Lutheran Social Services of Washington.

Tufts New England Medical Center, Division of Child Psychiatry (1984). Sexually exploited children: Service and research project. (Final report for the office of Juvenile Justice and Delinquency Prevention). Washington, D.C.: U.S. Department of Justice.

RECEIVED
NOV 28 1
C. M. C.
ALEXANDRIA, VA.

Vander May, B.J. & Neff, R.L. (1982). Adult-child incest: A review of research and treatment. Adolescence, 17, 717-735.

Watts, D. (1979). Counseling the adult woman who had incest experiences as a child or as an adolescent: Issues and strategies and long term effects. Paper presented at the annual meeting of the American College Personnel Association, Los Angeles, CA.

Weiss, J., Rogers, E., Darwin, M.R. & Dutton, D.E. (1955). A study of girl sex victims. Psychiatric Quarterly, 29, 1-26.

Wiliams, J. (1980). Red flag, green flag people. Fargo, ND: Rape and Abuse Crisis Center of Fargo-Moorhead.

RECEIVED
NOV 28 19
C. M. C.
ALEXANDRIA, VA.

## APPENDIX

## RESOURCES FOR PARENTS AND EDUCATORS

### Printed Materials for Children and Teenagers

Amazing Spider-man and Power Pack (1984). National Committee for Prevention of Child Abuse, 332 S. Michigan Ave., Suite 1250, Chicago, IL 60604.

Doniger, I. Good Touch, Bad Touch. Rape Crisis Center of Mongtomery County, Inc., P.O. Box 1179, Norristown, PA 19401.

Gordon, S. & J. A Better Safe Than Sorry Book: A Family Guide for Sexual Assault Prevention (1984) (To be read to children by parents). Ed-U Press, Inc., Fayetteville, NY.

Haddad, J. & Martin, M. What if I say No! (1982). M.H. Capp and Co., Bakersfield, CA.

I'm Safe and Sure. Camp Fire Girls and Boys, P. O. Box 3899, Trenton, NJ 08629 (Workbook).

Kraizer, S. The Safe Child Book. Dell Trade paperback.

McGovern, K. & C. Alice Doesn't Babysit Anymore. (1985). McGovern and Mulbacker Books, P.O. Box 25537, Portland, OR 97225.

Stanek, M. All Alone After School. Kidsrights, 401 S. Highland, P. O. Box 851, Mt. Dora, FL 32757.

Stowell, J. and Dietzel, M. My Very Own Book about Me (1980). (Workbook). Rape Crisis Resource Library, Lutheran Social Service of Washington, Inc., N. 1226 Howard.

Wachter, O. No More Secrets for Me (1983). Little, Brown and Co., Trade Sales Dept., 34 Beacon St., Boston, MA 02106.

Williams, J. Red Flag Green Flag People (1980). Rape and Abuse Crisis Center, P. O. Box 1655, Fargo, ND 58107.

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

**Printed Materials for Parents and Educators**

Basic Facts About Sexual Child Abuse (brochure). National Committee for the Prevention of Child Abuse, Publishing Department, Suite 1250, 332 S. Michigan Ave., Chicago, IL 60604-4357.

Child Sexual Assault and Abuse: Guidelines for Schools. Wisconsin Department of Public Instruction, P.O. Box 7841, Madison, WI 53707.

Cohn, A. It Shouldn't Hurt to be a Child (1982). (Brochure). NCPCA, Minnesotta Chapter, 123 Grant Street, Minneapolis, MN 55403.

Gordon T. What Every Parent Should Know (1975). National Committee for Prevention of Child Abuse, Publishing Dept., Suite 1250, 332 S. Michigan Ave., Chicago, IL 60604-4357.

He Told Me Not To Tell. King County Rape Center, 1025 S. 3rd St., Renton, WA 98055. (Tells parents how to inform children).

Kent, C. Child Sexual Abuse Prevention: Take the First Steps (1983). Illusion Theatre, 528 Hennepin Ave., Suite 205, Minneapolis, MN 55403.

Nelson, M., & Clark, K. eds. The Educator's Guide to Preventing Child Sexual Abuse (1986). Network Publications, Santa Cruz, CA.

Sexual Abuse: A Guide for Your Child's Safety (1981). Sexual Abuse Prevention Project, Children and Youth Services, 601 Rosenwald St., Burlington, NC 27215.

Spelman, C. Talking about Child Sexual Abuse (1985). National Committee for the Prevention of Child Abuse, 332 S. Michigan Ave., Chicago, IL 60604-4357.

**Audiovisual Materials**

At Home Alone (1986). (Video). Junior League and Y.W.C.A. of Birmingham. Y.W.C.A., 309 No. 23rd St., Birmingham, AL 35203.

Aware and Not Afraid (1983). (Video). Migima Designs, P.O. Box 70064, Eugene, OR 97401.

Better Safe Than Sorry (1982). Film. FilmFair Communications, 10900 Ventura Blvd., Studio City, CA 91604.

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA.

Boys Beware (1980). (Film). AIMS Media, 6901 Woodley Ave., Van Nuys, CA 91406.

Bubbylonian Encounter: A Film for Children about the Sense of Touch (1983). Kansas Committee for Prevention of Child Abuse (1983), 435 S. Kansas, 2nd Floor, Topeka, KS 66603.

It's OK to Say No! (1983). (Video). Migima Designs, P.O. Box 700064, Eugene, OR 97401.

My Very Own Book About Me (1983). (Video). Migima Designs, P.O. Box 70064, Eugene, OR 97401.

No More Secrets (1982). (Film). O.D.N. Productions, 74 Varick St., New York, NY 10013.

Some Secrets Should be Told (1982) (Film using puppets). MTI Tleprograms, Inc., 108 Wilmont Rd., Deerfield, IL 60015.

Touch (1984). (Film). MTI Teleprograms, Inc., 108 Wilmont Rd., Deerfield, IL 60015.

**Theatre Groups and Games**

Bubbylonian Encounter: A Play for Children About the Sense of Touch. Bubbylonian Productions, 7204 W. 80th, Overland Park, KS 66204.

The Talking and Telling About Touch Game. Victim Assistance Games, P.O. Box 444, Akron, OH 44309.

Touch. Illusion Theatre, 304 N. Washington Ave., Minneapolis, MN 55401.

"What If" Game. Kidsrights, P.O. Box 851, Mt. Dora, FL 32757.

**Programs and Curricula**

C.A.R.E. Kit. C.A.R.E. Productions Association of Biritsh Columbia, P.O. Box 183, Surrey, B.C., Canada V3T 4W8.

Child Assault Prvention Project. Women Against Rape. P.O. Box 02084, Columbus, Ohio 43202.

Incest Prevention Program. Ravenswood Community Health Center, 4550 N. Winchester, Chicago, IL 60640.

RECEIVED
NOV 28 1988
C. M. C.
ALEXANDRIA, VA